For help completing Form 2, please double-click the	icon next to each line number.
	F 65
FEC FORM 2	
STATEMENT OF CANDIDACY	A CA
1. (a) Name of Candidate (in full) ALU QUARTE	7 CAR YE
(b) Address (number and street) Check if address changed	2 Identification Number 0017
(c) Gity, State and ZIP Code WII) 2879	3. Is This New Amended Statement (N) OR (A)
4. Party Affiliation DO MOCIFET 5. Office Sought CS COMMON (6. State & Division of Common of	strict of Candidate of FUDS Mc
DESIGNATION OF PRINCIPAL CAMPAIG	N COMMITTEE
7. I hereby designate the following named political committee as my Principal Campaign Con	nmittee for the
NOTE: This designation should be filed with the appropriate office listed in the instructions	,
(a) Name of Committee (in full) Mary HKV Quartey Campa	Ign Controbutrex Donas
10218 MIII Stream Dru	L
(c) City, State, and ZIP Code	20875
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)	
 I hereby authorize the following named committee, which is NOT my principal campaign or candidacy. 	ommittee, to receive and expend funds on behalf of my
NOTE: This designation should be filed with the principal campaign committee.	
(a) Name of Committee (in full)	
(b) Address (number and street)	
(c) City, State, and ZIP Code	
I certify that I have examined this Statement and to the best of my knowledge	and belief it is true, correct and complete.
Signature of Candidate	Date 2
HOVE TO	1/2/195/ (/2015
NOTE: Submission of false erroneous or incomplete information may subject the person sign	uing this Statement to panelties of 2 LIS C 8437g

To print and file this form, select "Print" from the "File" menu above. In the "Print" window, select "Document" from the drop down menu labeled "Comments and Forms" Doing so will ensure that the icons and other instructions will not appear on your filing. Click here for a video printing demonstration.

FEC MAIL CENTER

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